



# United States Department of the Interior

NATIONAL PARK SERVICE

Perry's Victory and  
International Peace Memorial  
Put-in-Bay, Ohio 43456

IN REPLY REFER TO:

A14

October 1, 2010

## Memorandum

To: All Volunteers/Re-Enactors

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From: Administrative Office/Volunteer Coordinator

Subject: Claim for Reimbursement of Volunteer Expenses

Thank you very much for your dedication to the Volunteer Program of the National Park Service.

In accordance with the Department of Interior, National Park Service Office of Financial Management regulation, you must comply when requesting reimbursement for expenses or request for payment must have the below listed items.

\_\_\_\_\_ Signature Required

\_\_\_\_\_ Direct Deposit Information or copy of Voided Check/Deposit Slip.  
Not required to be sent/taken to bank if you can get routing # and account  
number from your deposit slips

\_\_\_\_\_ IRS W-4 or W9 Taxpayer ID or Social Security Number

\_\_\_\_\_ Copy of Ferry or other expense receipts listed below:

\_\_\_\_\_

If you have any further questions, please feel free to contact me at 419-285-2184.  
Please return all requested form to my attention to expedite the receipt of your payment.

Cathy Zeigler  
Administrative Officer

## Volunteer Services Agreement for Natural Resources Agencies for Individuals or Groups

Please print when completing this form (Attach a separate sheet for those data that do not fit in the allowed spaces).

Site Name/Project Leader		Agency	Reimbursement (if any)	
Name of Volunteer or Group Leader – Last, First, Middle		Age (If Individual Agreement) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type	Email Address	Home Phone	Mobile Phone	
Street Address		City	State	Zip

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian	Home Phone	Mobile Phone	Email Address
Street Address	City	State	Zip

I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the service that the volunteer will perform. I give my permission

for \_\_\_\_\_ to participate in the specified volunteer activity sponsored  
 by \_\_\_\_\_ at \_\_\_\_\_  
 (Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From \_\_\_\_\_ to \_\_\_\_\_  
 (Date) (Date) (Parent/Guardian Signature) (Date)

Emergency Contact Name	Home Phone	Mobile Phone	Email Address
Street Address	City	State	Zip

### GOVERNMENT OFFICIAL COMPLETES THIS SECTION

**Description of service to be performed.** Include details such as time and schedule commitment, use of personal equipment, government vehicle, skills required (note certifications if necessary), level of physical activity required, etc. Attach the complete job description and job hazard analysis to this form. If this is a group agreement, the leader is to provide the group name, a complete list of group participants to be attached to this form, and parental approval (above) completed for each volunteer under the age of 18.

Government Vehicle required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License <input type="checkbox"/> International Driver's License
Personal Vehicle to be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.

<b>Volunteer Application For Natural Resources Agencies</b>		<b>Instructions: Mark "x" in the appropriate boxes. For other items, either print or type responses If extra space is needed use item 18.</b>				
1. Name (Last, First, Middle)	2. Age	3. Telephone Number	4. Email Address			
5. Street Address (include apartment number, if any)		6. City, State, and Zip Code				
7. Which general volunteer work categories are you most interested in? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Archeology  <input type="checkbox"/> Botany  <input type="checkbox"/> Campground Host  <input type="checkbox"/> Construction Maintenance  <input type="checkbox"/> Computers  <input type="checkbox"/> Conservation Education  <input type="checkbox"/> Fish/Wildlife               </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Historical/Preservation  <input type="checkbox"/> Pest/Disease Control  <input type="checkbox"/> Minerals/Geology  <input type="checkbox"/> Natural Resources Planning  <input type="checkbox"/> Office/Clerical  <input type="checkbox"/> Range/Livestock  <input type="checkbox"/> Research/Librarian               </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Soil/ Watershed  <input type="checkbox"/> Timber/Fire Prevention  <input type="checkbox"/> Trail/Campground Maintenance  <input type="checkbox"/> Tour Guide/Interpretation  <input type="checkbox"/> Visitor Information  <input type="checkbox"/> Other (Please specify) _____               </td> </tr> </table>				<input type="checkbox"/> Archeology <input type="checkbox"/> Botany <input type="checkbox"/> Campground Host <input type="checkbox"/> Construction Maintenance <input type="checkbox"/> Computers <input type="checkbox"/> Conservation Education <input type="checkbox"/> Fish/Wildlife	<input type="checkbox"/> Historical/Preservation <input type="checkbox"/> Pest/Disease Control <input type="checkbox"/> Minerals/Geology <input type="checkbox"/> Natural Resources Planning <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Range/Livestock <input type="checkbox"/> Research/Librarian	<input type="checkbox"/> Soil/ Watershed <input type="checkbox"/> Timber/Fire Prevention <input type="checkbox"/> Trail/Campground Maintenance <input type="checkbox"/> Tour Guide/Interpretation <input type="checkbox"/> Visitor Information <input type="checkbox"/> Other (Please specify) _____
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8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Backpacking/Camping  <input type="checkbox"/> Biology  <input type="checkbox"/> Boat Operation  <input type="checkbox"/> Carpentry  <input type="checkbox"/> Clerical/Office Machines  <input type="checkbox"/> Computer Programming  <input type="checkbox"/> Drafting/Graphics  <input type="checkbox"/> Driver's License  <input type="checkbox"/> First Aid Certificate  <input type="checkbox"/> Hand/Power Tools               </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Heavy Equipment Operation  <input type="checkbox"/> Horses – Care/Riding  <input type="checkbox"/> Landscaping/Reforestation  <input type="checkbox"/> Land Surveying  <input type="checkbox"/> Livestock/Ranching  <input type="checkbox"/> Map reading  <input type="checkbox"/> Mountaineering  <input type="checkbox"/> Photography  <input type="checkbox"/> Public Speaking  <input type="checkbox"/> Research/Librarian               </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sign Language  <input type="checkbox"/> Supervision  <input type="checkbox"/> Other Trade skills (Please specify) _____   <input type="checkbox"/> Teaching  <input type="checkbox"/> Working with People  <input type="checkbox"/> Writing/Editing  <input type="checkbox"/> Other (Please specify) _____               </td> </tr> </table>				<input type="checkbox"/> Backpacking/Camping <input type="checkbox"/> Biology <input type="checkbox"/> Boat Operation <input type="checkbox"/> Carpentry <input type="checkbox"/> Clerical/Office Machines <input type="checkbox"/> Computer Programming <input type="checkbox"/> Drafting/Graphics <input type="checkbox"/> Driver's License <input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Hand/Power Tools	<input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> Horses – Care/Riding <input type="checkbox"/> Landscaping/Reforestation <input type="checkbox"/> Land Surveying <input type="checkbox"/> Livestock/Ranching <input type="checkbox"/> Map reading <input type="checkbox"/> Mountaineering <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Research/Librarian	<input type="checkbox"/> Sign Language <input type="checkbox"/> Supervision <input type="checkbox"/> Other Trade skills (Please specify) _____  <input type="checkbox"/> Teaching <input type="checkbox"/> Working with People <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Other (Please specify) _____
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9. Based on boxes checked in items 6 and 7, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply.) <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>						
10. a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If Yes, please briefly describe your volunteer experience. <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>						
11. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No						
12. What are some of your objectives for working as a volunteer? (Optional) <div style="height: 50px; border: 1px solid black; margin-top: 5px;"></div>						
13. Please specify any physical limitations that may influence your volunteer work activities: <div style="height: 50px; border: 1px solid black; margin-top: 5px;"></div>						

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b> _____
• You are single and have only one job; or	} . . . . .					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> _____					
	For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				<b>2012</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE	<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )																		
TELEPHONE NUMBER AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)																			
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																			
<b>C</b> CLAIM OR PAYROLL ID NUMBER  Prefix Suffix		TYPE	AMOUNT																		
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> ) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
DEPOSITOR ACCOUNT TITLE													
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE										

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.